

HOPE LIVES VOLUNTEER INFORMATION & LIABILITY RELEASE FORM

(please email the completed form to nikki@hopelives.org)

Name _____

Please Print

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Emergency Contact _____ Phone _____

Please Print

AREAS OF INTEREST

Hosting a Fundraiser _____

Please explain

- Joining Committee
- Fundraising
 - Social Marketing
 - Special Events
 - Board Committees
 - Office and Administrative Support
 - Community Outreach*
 - I just want to support! Tell me how!
 - OTHER: _____

**Community Outreach Examples- Get your women's club, church group, or mother/daughter friends together and host a get-together that promotes breast cancer awareness.*

In consideration of my desire to serve as a volunteer whether in the area(s) of office support, community outreach, or serve on an event committee I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary exercise or other activity as a representative of the Hope Lives organization.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Hope Lives and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteerism and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Colorado. I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

CODE OF CONDUCT

I understand my role is as Volunteer and agree to exercise Duty of Care to act in a reasonable manner when participating and representing Hope Lives. The Duty of Care includes regularly attending all scheduled meetings and acting in the overall best interest of the organization, its Board of Directors and Staff, responding with appropriate conduct to your Volunteer Team Leader.

I understand any information, documents, knowledge regarding the organization's fundraising tactics, financials or systems, programs, and business processes is strictly confidential and is not to be shared electronically, verbally, or in written form with anyone without the express written permission of the Executive Director.

I understand and agree that I must exercise a Duty of Loyalty that requires performance of duties in good faith and in the best interests of the organization, rather than in one's own interests. The duty requires that all Volunteers be conscious of the potential for conflicts of interest and act with candor and care in dealing with such situations and that all Volunteers treat as confidential all matters involving Hope Lives until there has been general public disclosure.

I understand and agree to exercise a Duty of Obligation as a Volunteer representative of Hope Lives to external organizations or to represent Hope Lives in an official capacity with individuals, members, vendors, companies, non-profit groups or other entities. The Duty of Obligation requires Volunteer representatives to articulate and support the decisions of the Board of Directors and Staff. If at any time a Volunteer representative acts in an unprofessional manner, Volunteer status will be temporarily on hold until conflict resolution is attempted by means of a formal meeting with one Board member and one Staff member in addition to the parties involved. The purpose of the meeting will be to restore Volunteer status or to dissolve the relationship if reconciliation is not achieved.

I authorize the use of my name, voice, photograph, social media, likeness, performance and/or biography by Hope Lives, the Board of Directors, and their officers, employees and agents in connection with any use of a product arising out of my participation in the above-described Program.

I authorize Hope Lives to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion. I understand that Hope Lives has no obligation to air the Program, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Hope Lives.

I, the undersigned, am at least 18 years of age and I have read this Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature: _____

Date_____

